

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 241-2345 To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

December 13, 2011

Tracy Chellis, Administrator Bayada Nurses, Inc 110 Kimball Avenue, Suite 250 So Burlington, VT 05403-6925

Provider ID #:477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on November 15, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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PC:ne

Enclosure



FORM APPROVED Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED: AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 47,7019 11/15/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 110 KIMBALL AVENUE, SUITE 250 BAYADA NURSES, INC SO BURLINGTON: VT 05403 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST, BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 001 H 001 Initial Comments SS=A An unannounced complaint investigation was conducted on 11/15/11 by the Division of Licensing and Protection. There were regulatory violations related to 'Regulations for the Designation and Operation of the Home Health Agencies". H 645 H 645 6.12(a) Organization, Services and Administration SS=D VI. Organization, Services and Administration A home health agency shall keep a log of H. 645 all complaints. The log shall include the date of the complaint, name of complainant, subject of Each Bayada Home Health office Director the complaint, person assigned and the date and Shall conduct a review of the complaint resolution of the complaint. response and documentation practices with all of their office staff (a) The home health agency shall respond to all complaints, whether received orally or in By 12/15/11. writing, within 2 business days. Office Directors will monitor all complaints Logged for resolution every 2 days. Ongoing. This REQUIREMENT is not met as evidenced Division Director will review complaint logs Based on interview and record review, the agency when on site at the branch offices. Ongoing failed to assure all complaints were logged and investigated in a timely manner for 1 patient Ppc annt (Patient # 1) Findings include: 1. Per record review on 11/15/11 the agency failed to document on the complaint log the name, date, person assigned, subject, and resolution of complaints made by patient #1. The patient's family reported to the Agency on 11/18/10 of the staff nurse committing errors when filling the patient's medication box. There is

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

no documentation of this report in the complaint log. In addition, a client/employee complaint report dated 08/24/10 alleges an aide of smoking.

Division of Licensing and Protection

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019			R/CLIA MBĘR:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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BAVADA NUBSES INC. 110 KIMB			DDRESS, CITY, STATE, ZIP CODE BALL AVENUE, SUITE 250 LINGTON, VT 05403						
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H 645	Continued From pa	age 1		H 645		•			
	sleeping and texting on the job. The was interview memo dated 08/26/10 at 3:30 F regarding the allegation. There is no documentation of this incident in the cor		РМ	: .		· · .			
	confirmed these co	1/15/11 at 5:00 PM the pacerns were receive into the complaint log	d but	٠,					
.H 732 SS=D	7.3(a)(3) Discontin	uation of Services		H 732	Н. 732				
	VII. Discontinuation	n of Services			ĺ				
	7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient.				Prior to any discharge or reduce the exception of a pending "Gobe involved in the discussion at This conversation will be docuby the Bayada Nurses represent discussion. It illustrates all efforts	eals met" the bout potent mented in t tative invol	e client sha ial discharg he client red ved in the		
		be reduced or discongency shall give writte		. •	shall be documented in the clie Should a Discharge from Servi criteria, the Clinical Manager s	Services determination meet			
	reasons to a patier agency shall: notify the case manager; discontinuation of being considered;	tinulng services for so at or staff, the home have the physician, if appadvise a patient that services for safety re- make a serious effor m(s) presented by the	nealth licable, or asons is to		permission from the client to contact a like providing agency, or at a minimum provide contact information for a like providing agency. Documented notification of the clients. Physician will be placed in the client char These efforts shall be documented on a Coordination of Services note.				
	s behavior or situation; ascertain that the proposed discontinuation of services to the patient is not due to the patient's use of necessary home health agency services; and document the problem(s) and efforts made to resolve the problem(s) in the patient's clinical			,	Responsible person. Nick McC Shall relay this information to a Directors by 12/15/2011. On going monitoring of this rec Provided by each office directors	all office te	ams and		
:	record. This REQUIREME	NT is not met as evi	denced	•	Ac aunti 128.11	,			

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	(Patient#1) Finding	ig include:	į	•		•					
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		1/15/11 of the Agenc				•					
		notice to Patient #1,			'						;
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		10 was based on the			ł			• •			
		d with your {spouse}					:				: 1
	understanding that we will no longer be providing services to you because {your spouse} will not			•	j						. I
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		es. Additionally, due		•				•			
		ems for our staff, we			1.						· . 1
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		it (your spouse) has i		•			•	•			
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		environment for them									
		d to work under those) i			•	•				
	circumstances.	•	_		}		•		•		
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		, 11/29/10 document									•
		was "no concerns".					•	•	•		į.
		1/18/10 and 11/15/1	iù were	•			•				i .
		the spouse's "crude	<i></i>								1 : 1
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		ices. The spouse wa			1	***********	•				
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	administration by th	iat nurse.	ioo nussa								·
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į	was reported to be	enraged stating "I'm	SICK OT		j		•	•]

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 477019 11/15/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250. BAYADA NURSES, INC SO BURLINGTON, VT 05403 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DATE TAG DEFICIENCY) H 732 Continued From page 3 H 732 those (Agency) people sticking their nose in my business" and "if you people show up I'll knock you on your (buttocks)". There is also mention. that the spouse "called the office shortly after that, apologizing for his behavior, stating the sihe was upset". On 12/03/10 the Agency decided to terminate services and called the spouse the next day There is no documentation that the Agency made a serious effort to resolve the problem(s) presented by the patient's spouse. Per interview on 11/15/10 at 5:15 PM the Area Director of the Brattleboro office confirmed that there was no documentation to show efforts made to resolve. the problem. H.740H 740 7.4 Discontinuation of Services H 740 SS=D Should a Discharge from Services determination meet VII. Discontinuation of Services criteria or the client chooses to change agency. the Clinical Manager shall request permission from the 7.4 When a home health agency determines that client to contact a like providing agency, or at a minimum a patient will require continuing care after provide contact information services are discontinued, the agency shall arrange or assist the patient to arrange for such for a like providing agency. Physician shall be notified of services and shall provide sufficient clinical pending discharge and documentation placed in the client char information to the receiving entity to assure continuity of care and services. The home health These efforts shall be documented on a Coordination of Services note. agency shall educate the patient about how to obtain further care, treatment and services to Responsible person. Nick McCardle, Division Director meet his or her identified needs, if applicable. Shall relay this information to all office teams and Directors by 12/15/2011. On going monitoring of this requirement shall be This REQUIREMENT is not met as evidenced Provided by each office director. by: Based on record review and interview the Agency failed to assist or arrange needed services after discontinuation of services for Patient #1. Findings Include:

1. Per record review on 11/15/11 Patient #1 had

Nov 28 2011 10:50am P007/007

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dressing change hours a week of going to start che	ge Stage 2 ulcers that 2 x week by nursing , personal care services motherapy. There is n at the Agency assisted	up to 40 and was o				
arranged for nee obtain further can discharge letter s	ded services nor provide, other than an undate tating, "In order to ens	led how to. ed sure no				
continue to work this process". Po PM the Area Dire confirmed that the	are, I strongly advise the with tyou case manage interview on 11/15/11 ctor of the Brattleboro a patient needed continuid not assist or arrange	er) during l at 5:15 office nuing care	· .			